

CLAIMS ONLY						Application Number 10/667047		Filing Date 1			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/		/				51				
2	/		/				52				
3	/		/				53				
4	/		/				54				
5	/		/				55				
6	/		/				56				
7	/		/				57				
8	/		/				58				
9	/		/				59				
10	/		/				60				
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12	/		/				62				
13	/		/				63				
14	/		/				64				
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18	/		/				68				
19	/		/				69				
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31	/		/				81				
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41	/		/				91				
42	/		/				92				
43	/		/				93				
44	/		/				94				
45	/		/				95				
46	/		/				96				
47	/		/				97				
48	/		/				98				
49	/		/				99				
50	/		/				100				
Total Indep	/		/				Total Indep				
Total Depend	14		14				Total Depend				
Total Claims	15		15				Total Claims				